



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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Director

Board of Supervisors

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January 18, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**REQUEST AUTHORIZATION TO SUBMIT A TITLE IV-E CHILD WELFARE WAIVER
DEMONSTRATION CAPPED ALLOCATION PROJECT IMPLEMENTATION PLAN TO
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

**JOINT RECOMMENDATION WITH THE CHIEF PROBATION OFFICER THAT YOUR
BOARD:**

Approve and delegate authority to the Director of the Department of Children and Family Services (DCFS) and the Chief Probation Officer authorizing submission of the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) Five-Year Implementation Plan (Attachment) to the California Department of Social Services (CDSS or State) to participate in the five-year demonstration project to test the effect of a flexible funding strategy on Child Welfare Outcomes.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The purpose of the recommended action is to obtain approval to submit the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) Five-Year Implementation Plan to the California Department of Social Services (CDSS or State) to participate in the five-year demonstration project that will enable testing the effect of a flexible funding strategy on Child Welfare Outcomes. By moving forward and

participating in the Title IV-E Waiver, Los Angeles County has the opportunity to make critical changes in the way child welfare services are provided to children and families in our County – this is an excellent opportunity to test the advantages of a capped allocation strategy with increased flexibility in the use of Title IV-E funds by implementing a redesign of child welfare strategies at the organization, process, and service delivery levels.

FISCAL IMPACT/FINANCING

Federal Title IV-E funding is currently open ended but use of the funding is restricted. State Title IV-E matching funding is currently capped for administrative expenditures, but open ended for foster care maintenance payments. The Title IV-E Waiver will provide for flexible use of the State and federal funding capped allocations. The federal cap is based on the three-year average of actual foster care and administrative expenditures for federal fiscal years (FFYs) 2003 through 2005 excluding training, licensing, and Statewide Automated Child Welfare Information System (SACWIS) expenditures. The federal cap will include 2% growth each federal fiscal year through the term of the Waiver. Funding for training, licensing and SACWIS will be handled outside of the Waiver.

The State cap is based on actual foster care maintenance payments for State Fiscal Year (SFY) 2005/06 with no growth and the SFY 2006/07 Child Welfare Services (CWS) allocation (excluding the Services Outcome Improvement Project Augmentation) plus 2% growth each fiscal year beginning in SFY 2007/08. There will be no impact on NCC. Sufficient NCC is currently budgeted to meet the match requirement for the Waiver funding.

The chart below reflects the projected expenditures that will be covered by the Waiver funding as well as the projected flexible funding that will be available.

| EXPENDITURE ESTIMATES | | | | | REVENUE & NET COUNTY COST AVAILABLE | AVAILABLE FLEXIBLE FUNDING |
|-----------------------|------------------------|----------------------|------------------------|------------------------|-------------------------------------|----------------------------|
| Fiscal Year | DCFS | Probation | Foster Care Payments | Total | | |
| 2006-07 | \$ 435,075,000 | \$ 98,388,000 | \$ 408,659,000 | \$ 942,122,000 | \$ 990,310,000 | \$48,188,000 |
| 2007-08 | \$ 465,830,000 | \$105,573,000 | \$ 401,197,000 | \$ 972,600,000 | \$1,001,111,000 | \$28,511,000 |
| 2008-09 | \$ 499,220,000 | \$113,374,000 | \$ 385,531,000 | \$ 998,125,000 | \$1,012,128,000 | \$14,003,000 |
| 2009-10 | \$ 535,482,000 | \$121,846,000 | \$ 365,332,000 | \$1,022,660,000 | \$1,023,365,000 | \$ 705,000 |
| 2010-11 | \$ 574,877,000 | \$131,049,000 | \$ 346,154,000 | \$1,052,080,000 | \$1,034,828,000 | -\$17,252,000 |
| Total | \$2,510,484,000 | \$570,230,000 | \$1,906,873,000 | \$4,987,587,000 | \$5,061,742,000 | \$74,155,000 |
| Yearly Avg. | \$ 502,097,000 | \$114,046,000 | \$ 381,375,000 | \$ 997,517,000 | \$1,012,348,000 | \$14,831,000 |

Please note that the above figures do not reflect additional flexible funding that may be achieved as a result of implementation of the various Waiver initiatives and strategies. Also, these figures reflect only the level of NCC that is currently budgeted for activities.

Increased costs are based on the following assumptions:

- 7.9 percent increase in salaries and employee benefits in FY 2006-07 and 9.3 percent increase each year thereafter; and,
- 2.7% increase in operating expenses due to unavoidable cost increases (such as rent increases, increases in the cost of doing business, increase in costs to meet information technology needs).

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Historically, the primary federal revenue stream for child welfare services has been authorized pursuant to Title IV-E of the Social Security Act – this revenue funds board and care costs as well as case management services for federally eligible children who have been removed from their parents and placed in out-of-home care settings or are at imminent risk of being removed. The Los Angeles County Departments of Children and Family Services (DCFS) and Probation have submitted claims under Title IV-E for reimbursement as both Departments serve these youth. The Social Security Administration (SSA) authorizes Health and Human Services (HHS) to approve a limited number of Child Welfare Waiver Demonstration Projects (CWWDPs) and waive certain requirements of the Title IV-E and sections of the SSA that govern foster care, adoption assistance, independent living, child welfare services, community-based support, reunification and adoption promotion. Under the Waivers and CWWDPs, states can design and demonstrate a wide-range of approaches to reform child welfare and improve outcomes in the areas of safety, permanency and well-being.

Pursuant to the Board's November 12, 2003 hearing, the Department of Children and Family Services was authorized to proceed with finding possible solutions which will enable DCFS to expand the range of solutions and services to respond to the safety and permanency needs for children and families in the most timely, least intrusive manner through the flexible and efficient use of IV-E dollars and collaboration with our community partners. During this Board hearing, the Department was authorized to proceed with the preparation of the IV-E Waiver Application, based, in part, on strong statements of community support.

In February 2004, the Waiver proposal was submitted to the State, and CDSS submitted a formal application to the federal government in May 2004.

On March 31, 2006, California accepted the U.S. Department of Health and Human Services (US DHHS) offer for the Waiver.

On July 21, 2006, the Los Angeles County Departments of Children and Family Services and Probation prepared a Letter of Intent which was submitted by the County of Los Angeles notifying CDSS of its intent to participate in the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP). Pursuant to All County Information Notice No. I-47-06, the required County Funding Template worksheets and County Plan

Proposal Summary were included with the submission of the Letter of Intent. Through this Letter, the County acknowledged the following seven requirements:

1. The CAP County Implementation Plan was developed in collaboration with the Probation Department, local community partners, and stakeholders.
2. The CAP County Implementation Plan supports and/or expands the County System Improvement Plan goals and strategies and will be submitted to CDSS after Board approval.
3. The CAP County Implementation Plan must be approved and signed by the County Welfare Director and Chief Probation Officer.
4. The County Plan submission must be approved by the County Board of Supervisors and include an approved Board Action.
5. The County will be fiscally and programmatically ready to implement the demonstration project by the implementation start date for all participating counties of April 1, 2007.
6. The existing County Memorandum of Understanding between the County Welfare Department and the Probation Department will be amended to incorporate the joint department participation in the CAP and will specify the CAP implementation strategies and claiming procedures, prior to the project start date of April 1, 2007.
7. The County will participate in any implementation CAP State/County workgroups, meetings, and conference calls.

As part of the Title IV-E Waiver Application, the County will work to reach a Cooperative Agreement with the State. The goals and purposes of the Title IV-E Waiver Agreement are to create system reform that will benefit children and families and improve outcomes by increasing the flexibility in its use of IV-E funds. System reform will generate cost savings in foster care costs that can be used to develop and access a wide variety of community resources ready to respond to the safety and permanency needs of all children and families, regardless of IV-E funding eligibility, in the most timely, effective, efficient and least intrusive manner.

The essential terms of the agreement will provide that for a period of five years, the State and Federal share of foster care funds shall be made available to the County to finance structural, process, and job improvements, including new programs and services, based on the estimated expenditures negotiated in the Waiver. The County's project plan includes expected outcomes, specific activities, timelines and shall use Title IV-E funds in a manner that is cost neutral to the State and Federal governments.

In addition, the County agrees to use the Child Welfare Services/Case Management System (CWS/CMS) database to determine eligibility for all children and families and ensure that children and youth in out-of-home care who are eligible for the Medi-Cal program will be provided a full range of health and mental health care services under that program. If these children in out-of-home care are not eligible, the County shall ensure that the child or youth's medical needs are met through other acceptable methods, such as Healthy Families or continuing coverage by a parent's health plan.

Under the agreement, CDSS would agree to pass through in a timely manner the County's share of Federal and State Title IV-E funds and to process other Title IV-E claims submitted by the County for eligible costs outside the Waiver Demonstration Project. The State and counties will negotiate with the federal government to establish a penetration rate at the start of the project and request the state and counties will assume that same rate if the project ends early or at the end of the Waiver period. The State and the participating counties reserve, in their sole discretion, the right to opt out at any time from the Waiver project.

The Chief Administrative Office (CAO) concurs with the requested action. County Counsel has approved as to form.

IMPACT ON CURRENT SERVICES

Improved Outcomes & Reduced Recidivism -- The Title IV-E Waiver Agreement will allow the Departments of Children and Family Services and Probation the funding flexibility to improve outcomes for children and reduce the rate of recidivism for abused and neglected children by a combination of caseload reduction and an increase in the amount of time caseworkers spend with each family; increase the number of children who can remain safely in their homes; reduce reliance on out-of-home care; and reduce the number of children in congregate care.

The County proposes to develop, implement and expand a wide array of programs and services, to provide individualized services and strategies that are strength-based, family-centered, child-focused and community-based. This array of services will span the service continuum from 1) Prevention and Early Intervention; 2) Crisis Intervention; 3) Intensive Services; and, 4) Permanency and Aftercare Services.

Blending of Prevention & Intervention Services -- DCFS and Probation plan to include other County agencies in the planning and implementation process in order to blend prevention and intervention programs. We anticipate that other key County agencies will include the Department of Public Social Services, Department of Mental Health, Department of Health Services, Sheriffs Department, Community Development Commission, Community and Senior Services; and the Chief Administrative Office's Services Integration Branch.

Building Community Partnerships -- As part of the Waiver, DCFS and Probation will continue to work to build stronger community partnerships, involving the Commission for Children and Families, Children's Planning Council, First 5 Commission, foundations, law enforcement, Juvenile Justice Crime Prevention Act and Mental Health Services Act partnerships, community-based organizations and service providers, faith-based organizations and neighborhood associations. Utilizing Family to Family principles, the County will engage community organizations to ensure that service planning and development is sensitive to the needs of local communities, as well as reaching out to serve those local communities.

Evaluation Design -- Evaluation will include the following three components: hypothesis testing; process studies; and program/services evaluation. The hypothesis tested by the IV-E Waiver Application is as follows:

"The capped allocation strategy will; improve the array of services for children and families and engages families through a more individualized approach that emphasizes family involvement; increase child safety without an over-reliance on out-of-home care; improve permanency outcomes and timeliness; and improve child and family well-being"

The evaluation will be designed, implemented and monitored by Los Angeles County, Alameda County, CDSS and the independent evaluator is Dr. Charlie Ferguson of California State University, Sonoma. The evaluation design, including the data to be captured, will be reviewed and approved by the impacted County Departments prior to implementation to ensure that the data is available and that the evaluation design will demonstrate the project's outcomes.

Projected Timetable -- The California's CWWDP will begin on April 1, 2007, and the duration of the Waiver will be for five calendar years through March 31, 2012. If the Board approves the recommended actions, the short-term projected timetable is as follows:

January - March 2007

- Finalize evaluation criteria with HHS/ACF;
- Accept the Title IV-E Waiver Agreement;
- Amend the existing DCFS – Probation MOU and,
- Develop and facilitate the proposal's implementation.

April 2007

- Begin implementation of the IV-E Waiver project.

CONCLUSION

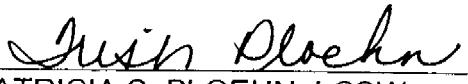
The Title IV-E Waiver Agreement will give the State and the County the financial flexibility to make strategic investments in the structural and programmatic reforms that are needed to better serve children and families in a cost neutral manner. To be effective, the child welfare system must be able to meet the multiple needs of children and families through the responsible use of the full spectrum of available government services and community supports. These efforts will build on the significant systems improvement efforts already underway among Los Angeles County departments and their community partners. The Departments of Children and Family Services and Probation are committed to work collaboratively in an effort to improve the safety, security and well-being for the children of Los Angeles County that are at risk, or are currently residing in out-of-home care. We will return to your Board for approval of specific implementation activities once the State approves our plan.

It is requested that the Executive Officer/Clerk of the Board send one copy of the Adopted Board action to each of the following:

Department of Children and Family Services
Office of Chief Deputy
Attn: Susan Kerr
425 Shatto Place, Room 600
Los Angeles, CA 90020

Probation Department
Office of Chief Deputy
Attn: David M. Davies
9150 E. Imperial Highway
Downey, CA 90242

Respectfully submitted,


PATRICIA S. PLOEHN, LCSW
Director

 for
ROBERT B. TAYLOR
Chief Probation Officer

Attachment (1)

PSP:SK:MHM:aw

c: Chief Administrative Officer
Executive Officer, Board of Supervisors
County Counsel

DCFS IV-E Child Welfare Waiver Demonstration
Capped Allocation Project (CAP)
Board Motion Fact Sheet

Five-Year Implementation Plan Overview

Our IV-E CAP Five-Year Implementation Plan delineates planned improvements in:

- Decision-making processes;
- Services that will produce good safety, permanence and well-being outcomes for children and families; and
- Organization/structure, including management and supervision practices.

Outcome Measure Areas -- The overall goal of this project is to improve child and family outcomes as measured in the following specific areas:

- Prevention;
- Recurrence of maltreatment;
- Increase safety for children maintained in own home;
- Expedited reunification;
- Adoption; and,
- Reduce reliance on out-of-home care.

Improved Outcomes -- Specifically, the demonstration will improve the following six outcomes for the children and families within our County:

- Increased child safety;
- Increased and more timely exits to permanency;
- Increase placement stability;
- Increased appropriateness and decreased restrictiveness of new and existing out-of-home placements;
- Improved child well-being; and
- Reduction in the number of children in Planned Permanent Living Arrangement.

Reinvestment of Savings -- As a result of reduced case inflow and increased case outflow, we anticipate savings for re-investment in the following three areas:

- New and expanded programs and services;
- Increase direct service staffing to enhance case management services as a result of lowering caseloads so caseworkers can spend more time working with children and families, including the restructuring of Probation's placement services and unit by providing evidence-based services that enhance parenting practices and improve family functioning.
- Efficiencies in management structures including the development and expansion of performance-based contracts.

The goals and purposes of the Title IV-E Waiver Agreement are to create system reform that will benefit children and families and improve outcomes by increasing the flexibility in its use of IV-E funds. System reform will generate cost savings in foster care costs that can be used to develop and access a wide variety of community resources ready to respond to the safety and permanency needs of all children and families, regardless of IV-E funding eligibility, in the most timely, effective, efficient and least intrusive manner.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the principles of the Countywide Strategic Plan. CWWDPs are consistent with all the implementation strategies of Goal #1, Service Excellence; Goal #3, Ensure that service delivery systems are efficient, effective, and goal-oriented; and Goal #5, Children and Families Well-Being, Improve the well-being of children and families in the County of Los Angeles.

**Los Angeles County
Title IV-E Capped Allocation
Demonstration Project (CAP)
Five Year Plan**

County: Los Angeles
Responsible County Los Angeles County
Child Welfare Agency: Department of Children and Family Services
Period of Plan: April 1, 2007 – March 30, 2012
Period of Outcomes The most recent available – Varies depending on
Data: the outcome
Date Submitted:

Primary County Contact Person

Name: Mitchell Mason, Division Chief, Governmental Relations
Agency: Los Angeles County Department of Children & Family Services
Address: 425 Shatto Place, Room 500, Los Angeles, CA 90020
Phone/Email: (213) 351-5746 / masomi@dcfs.lacounty.gov

Primary Probation Contact Person

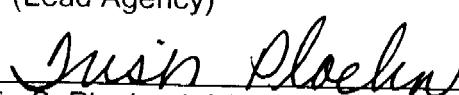
Name: Carol Sanchez, Bureau Chief
Agency: Los Angeles County Probation Department
Address: Placement Services Bureau
Phone/Email: 1605 Eastlake Avenue Los Angeles, CA 90033
(323) 226-8886 / carol.sanchez@laprob.org

Secondary DCFS Contact/County Evaluation Liaison

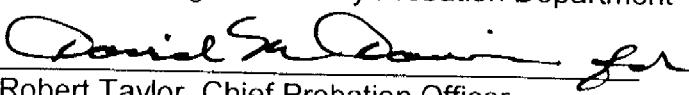
Name: Alan Weisbart
Title: Children's Services Administrator II
Address: 425 Shatto Place, Room 500, Los Angeles, CA 90020
Phone/Email: (213)351-5737 /weisba @dcfs.lacounty.gov

Submitted by each agency for the children under its care

Submitted by: Los Angeles County Department of Children and Family Services
(Lead Agency)

Signature: 
Patricia S. Ploehn, LCSW, Director

Submitted by: Los Angeles County Probation Department

Signature: 
Robert Taylor, Chief Probation Officer

COUNTY PROFILE

According to the most recent Los Angeles County Children's Score Card 1998-2002 (Children's Planning Council 2004), 1.2 million of Los Angeles County's children lived in families that were low income and experienced economic stress. In 2004, 24.0% of Los Angeles County's children lived below the poverty level. Although economic conditions have improved slightly over the past ten years, many more children were affected by their families' difficult economic circumstances – 49.4% of children lived in low-income families (family income is under 200% of the poverty level - \$36,488 for a family of four), a 19.4% increase from CY 1999. These countywide averages mask significant regional differences. For example, in 2004, 35.2% of children in the Metro and 39.3% of children in South Service Planning Areas (SPAs) lived in families with incomes below the poverty level in 2004, while only 20.0% in the Antelope Valley were below poverty level.

Since all but one of the County's eight SPAs is bigger than several other states, it is not surprising that the data highlights different kinds of strengths and challenges for families living in different parts of this complex county. The following provides a brief profile of the family demographics, strengths and needs in each of the SPAs:

- The Antelope Valley (SPA 1) is the smallest in population at 334,951, but the largest geographic area and includes a number of small towns surrounded by high desert. Forty-one percent of the 105,169 children and youth (3.8% of the number of youth of Los Angeles County) in SPA 1 are white while 39.2% are Latino, 16.6% are African American, 2.7% are Asian, 0.5% are American Indian, and 0.1% are Pacific Islander. Isolation and limited public transportation present major difficulties. There are parents commuting more than two hours a day, leaving many children alone for many hours at a time. SPA 1 accounts for 6% of youth felony arrests, 7.2% of the children DCFS placed in out-of-home care in 2004, and 4% of births to teen mothers.
- The San Fernando Valley (SPA 2) has a population of 2.1 million residents. SPA 2 population
- is about the size of Nevada and New Mexico and is larger than 14 other states. The majority of SPA 2's 551,959 children and youth (19.7% of the total number of youth) are Latino (50.3%), while 36.6% are white, 9.1% are Asian, 3.6% are African American, 0.2% are American Indian and 0.1% are Pacific Islander. In 2004, SPA 2 accounted for 16% of youth felony arrests, 9.7% of children in out-of-home care and 13% of the County's births to teen mothers.
- The San Gabriel Valley (SPA 3) is home to 1.8 million people (slightly greater than the population of Nebraska) including 496,954 children and youth (17.8% of the total number of youth). 57.3% are Latino, while 20.7% are Asian, 16.8% are White, 4.8% are African American 0.3% are American Indian, and 0.1% are Pacific Islander. Sixteen percent of youth live in families with incomes below the poverty level. In 2004, SPA 3 accounted for 17% of youth felony arrests 15.6% of children in out-of-home care and 16% of births to teen mothers.
- The Metro area (SPA 4) includes a population of 1.2 million people including 307,463 children and youth (11.0% of the total number of youth). SPA 4 includes the area in and around the downtown of the City of Los Angeles and is home to a large number of immigrant families. Seventy-three percent the children in this area are Latino, 12%

are Asian, 10% are White, 4.4% are African American, 0.3% are American Indian and 0.1% are Pacific Islander. In 2004, 30% lived in poverty, and it accounted for 11% of youth felony arrests, 9% of children in out-of-home care, and 12% of births to teen mothers.

- The West area (SPA 5) has a population of 646,770 and includes most of the wealthiest parts of the county. Fifty-five percent of the 112,209 children and youth (4.0% of the total number of youth) are White, while 27% are Latino, 9.5% are Asian, 8.3% are African American, 0.2% are American Indian and 0.1% are Pacific Islander. SPA 5 accounted for only about 5% of youth felony arrests, 2% of children in out-of-home care, and 1% of births to teen mothers. in 2004.
- The South area (SPA 6) has one million people and 361,236 are children and youth (12.9% of the total number of youth). The economic challenges for families in this service area are overwhelming. Thirty-nine percent of children live in families with incomes under the poverty level and 78.7% live in families with incomes under 200% of the poverty level. Over 70% are Latino, 27.6% are African American, 1.1% are White, less than 0.4% are Asian and American Indian, 0.3% are Pacific Islander and 0.1% are American Indian. In 2004, SPA 6 accounted for 14% of youth felony arrests, 28.4% of children placed in out-of-home care and 24% of births to teen mothers.
- The East area (SPA 7) has a population of almost 1.4 million. The majority of SPA 7's 420,841 children and youth (15.0% of the total number of youth) are Latino (79.5%), while 10.8% are White, 6.4% are Asian, 3% are African American, 0.3% are American Indian and 0.2% are Pacific Islander. SPA 7 accounted for 13% of youth felony arrests, 11.5% of children in out-of-home care and 16% birth to teen mothers.
- The South Bay/Harbor area (SPA 8), with a total population of 1.6 million, includes both a string of smaller beach communities along the ocean, as well as Long Beach, the Harbor and economically depressed areas inland. SPA 8 is one of the more racially and culturally balanced areas in the county. Forty-nine percent of the 441,506 children and youth (15.8% of the total number of youth) in SPA 8 are Latino, 20.5% are White, 18% are African American, 12.7% are Asian, 1.1% Pacific Islander, and 0.2% are American Indian. SPA 8 accounted for 18% of youth felony arrests, 16.6% of children in out-of-home care and 13% of births to teen mothers in 2004.
- Taken as a whole, American Indians represent 0.2% (6,851) of the total number of youth in Los Angeles County. Over nineteen percent of American Indian children live in families with incomes under the poverty level and 22.2% live in families with incomes under 200% of the poverty level. American Indian children and youth accounted for <0.1% of the total youth felony arrests, 0.6% of children placed in out-of-home care and 0.1% of births to teen mothers.

To be effective, the child welfare and probation systems must be able to meet the multiple needs of children and families in these different communities through the responsible use of the full spectrum of available government services and community supports. This Waiver demonstration project will take full advantage of public and private supports for children and families through improved performance in local community partnership processes, in quality services delivery, and in new accountability structures.

The core issues as identified by County, State, and the Children and Family Services Review (CFSR) that the project will address are:

- Increased child safety;
- Improvement in timelines to permanency;
- Improvement in child and family well-being; and,
- Improvement in the array of services and engagement of families with a more individualized approach to serving children and families.

In order to address the core issues, the County proposes the enhancement of an array of current programs and services for all County youth identified as at risk for out-of-home care by the Department of Children and Family Services (DCFS) and Probation. Current programs the County plans to expand and build upon include:

- **Point of Engagement** – Continue implementation of the County's redesigned child welfare services case delivery system known as "Point of Engagement", this program includes many key elements such as increased family and community engagement; up-front assessment of critical issues facing families (including substance abuse, domestic violence and mental health issues); use of family team decision-making conferences early in DCFS' involvement with families and quicker linkage and provision of identified services by the Department and community providers.
- **Multi-Disciplinary Assessment Teams (MAT)** - Expand use of the comprehensive Multi-Disciplinary Assessment process for children entering foster care. MAT provides assessment of medical, dental, education and developmental needs; builds on family strengths; engages the family in the process of identifying the most appropriate placement and caregiver capabilities; and offers child-specific treatment options with follow-up to ensure participation in identified services.
- **Voluntary Services** - Increase use of voluntary services and community resources and supports by families so that children can remain safely in their own homes, such as engaging families in the development of safety plans and providing ready access to crisis services (including emergency financial assistance and crisis child care).
- **Family Team Decision-Making (FTDM)**: Expand use of TDM conferences to determine the need for initial placement, change of placement, prior to reunification to review the needs of the child and family and locating the "best" placement for children to improve stability and likelihood of support for reunification by the caregivers, and Permanency Planning Conferences (PPCs) to be convened every 3 months while a child is in out-of-home care. Expand and refine the use of Family Group Decision Making (FGDM) and Emancipation Conferences.
- **Collaborations**: Enhance neighborhood and community partnerships, through co-locating County staff with community partners (law enforcement, hospitals, schools) to increase child safety and provide timely, appropriate services for children and families.
- **Performance-Based Contracts**: Enhance or develop performance-based contracts to include intensive family finding and reconnection, mentoring, permanency and aftercare services.
- **Contract Monitoring**: Continue improving the monitoring of contracted providers to ensure that performance outcomes are achieved.

- **Permanency Partners Program (P3):** Expand use of P3, which focuses on finding a legally permanent home for foster youth ages 12 and older in Planned Permanent Living Arrangement.
- **Concurrent Planning Redesign:** A redesign of our service delivery system focusing in on expedited reunifications and the development of an alternate permanent plan starting the first day a child is detained. Includes a streamlined Termination of Parental Rights (TPR) process.
- **Training and Support for Relatives:** Improve training and support for relatives to improve their role in and their understanding of permanency for children, including adoption and legal guardianship services.
- **Adoption Home Studies:** Reduce the length of time to prepare adoption home studies through the continued use of a consolidated approach during the foster home study and expansion to the relative home approval process and foster family agency certified homes.
- **Wraparound Services:** Enhance and expand the performance-based contracts for Wraparound and Res/Wrap services.
- **Home-Based Services:** Expand use of home-based services to families assessed with high elevations in the “Family Domain” of the Los Angeles Risk and Resiliency Check-Up assessment tool.
- **Evidenced-Based Family-Focused Services:** Expand the use of evidenced-based family-focused services and strategies for selected families in high crime and high need neighborhoods.
- **Functional Family Therapy and Multi-Systemic Therapy:** Increase referrals to existing Functional Family Therapy and Multi-systemic Therapy programs for targeted families.
- **Dual Supervision:** Expand the Dual Supervision Unit which targets high-risk dependent youth under the joint supervision of Probation and DCFS.
- **241.1 Investigation Unit:** Expand and refine the 241.1 assessment and case management process, joint assessments between Probation and DCFS utilized to determine which status (dependency, delinquency, joint-dual supervision or dual jurisdiction) will best serve the interests of the youth and protect the community.
- **Home Assessment:** Expand the Home Assessment Program to assess kinship families for placement of probation youth.
- **Out of Home Monitoring:** Expand the Out-of-Home Monitoring Unit to establish linkages with the State and other County agencies to improve monitoring of caregivers and to conduct outcome measurement inspections to ensure performance outcomes are achieved.
- **Placement Assessment Centers (PAC):** Expand the PAC Unit to provide a comprehensive assessment to determine the appropriate placement facilities for probation youth.
- **High-Risk/High Need Family Reintegration Model:** Expand use of the High-Risk/High Need Family Reintegration Model to provide reintegration services to minors released from camp returning to family environments that place them at high risk for out-of-home placement.

IMPLEMENTATION

OBJECTIVES FOR FLEXIBLE FUNDING

The project will give Los Angeles County the financial flexibility to make strategic investments in structural and programmatic reforms that are needed to better serve children and families in a cost neutral manner. To be effective, the child welfare system must be able to meet the multiple needs of children and families through the responsible use of the full spectrum of available government services and community supports. These efforts will build on the significant systems improvement efforts already underway among County departments and their community partners.

The Project Agreement will allow the County funding flexibility to accelerate efforts to improve outcomes for children. The County has identified universal and specific service needs and requirements for dependent and delinquent youth. Efforts made to improve outcomes must target the specific foster care population. Title IV-E funds will be utilized more flexibly to focus efforts on the needs of youth and their families. Proposed new and expanded services will be subject to available funding.

The following goals are universal to both dependent and delinquent populations as a whole:

- Provide more preventive services;
- Increase the number and array of services to allow more children to remain safely in their home;
- Reduce the reliance on out-of-home care through the provision of intensive, focused, individualized services;
- Reduce the number of children and their length of stay in congregate care while ensuring that individualized case planning and appropriate community alternatives are in place first; and
- Reduce the timelines to permanency.

The following goal is specific to the dependent population:

- Reduce the recurrence of maltreatment through a combination of caseload reduction and an increase in the time caseworkers spend with each family.

The following goal is specific to the delinquent population:

- Reduce the recurrence of maltreatment through a combination of caseload reduction and evidenced-based case management interventions.

LOGIC MODELS

Logic models are presented for the following initiatives organized around the child welfare and probation service continuum:

Prevention and Early Intervention:

1. Enhancement of family support networks;
2. Focus family support networks on family and community economic development opportunities;
3. Focus family support networks on developing and maintaining a coordinated continuum of care;
4. Expansion of faith based collaborative to assist in family and kinship support services;

Crisis Intervention / Intensive Services:

5. Expansion of Family Team Decision-Making (FTDM) conference models;
6. Expansion and use of community based placement resources;
7. Restructure Placement Services;
8. Expansion and enhancement of Wraparound and Res/Wrap services;
9. Expansion of Family Preservation service contracts;
10. Expansion of Multi-Systemic Therapy and Functional Family Therapy;
11. Development of Intensive Foster Care Treatment Services;
12. Establishment of Parent Councils and development of a Parent Peer Advocate Program;
13. Development and implementation of Community Resource Coordinators;
14. Expansion of Special Investigations Unit (SIU)/Dual Supervision;
15. Establishment of enhanced front-end assessment services for families with identified domestic violence, substance abuse and mental health issues;
16. Development of Community Crisis Family Intervention Teams;
17. Development of enhanced parent-child visitation services;

Permanency and Aftercare Services:

18. Establishment of mentoring programs for youth in out-of-home care;
19. Expansion of family finding activities;
20. Establishment of aftercare support services;
21. Increase access for childcare and respite care services for kinship families;
22. Establishment of aftercare support services and networks for children in kinship and permanency families to prevent foster care re-entry and re-occurrence of maltreatment; and

23. Integration of services to better strengthen kin and permanency families; development of a multi-media campaign to increase awareness of services and education of kin and permanency families on permanency options, resources and implications.

While these initiatives have been identified as focusing on one area of the service continuum, in fact, many of these activities cross the spectrum and will improve services for families no matter what area of the service continuum they find themselves in. An overarching goal of the demonstration project is to provide individualized services to families and children whenever they interact with the child welfare services system, and in order to do that, we plan to remain flexible in our service provision strategies.

PRIORITY ACTIVITIES FOR IMPLEMENTATION

DCFS and Probation have identified the following priority activities that they will focus on developing and implementing during the first year of the Waiver.

The following priorities are universal to both dependent and delinquent populations as a whole:

1. Expansion of Family Preservation Services;
2. Expansion of Family Finding activities to locate and engage missing family members from the point of removal of a child from his parent's home; and,
3. Utilization of aftercare support services.

The following priorities are specific to the dependent population:

1. Expand family support networks to partner with Regional Offices to create locally based continuums of primary, secondary and tertiary prevention supports and services;
2. Improved assessment of families where substance abuse, mental health and/or domestic violence are identified as core issues during DCFS' initial emergency response investigations including expansion of Multi-Disciplinary Assessment Teams (MAT);
3. Expansion of Family Team Decision-Making Conferences to be held quarterly throughout the time that a child's family is involved with DCFS;
4. Development of community based placements to ensure that children who are removed from their parents are placed in their own neighborhoods and communities rather than across the county when and where appropriate; and,
5. Development of visitation resources for parent/child visits to improve the frequency and quality of parent-child visits while family reunification services are being provided.

The following priorities are specific to the delinquent population:

1. Expansion of Multi-Systemic Therapy and Functional Family Therapy to be used as one of the Department's primary intervention strategies;

2. Restructure Placement Services to help reduce the number of failed and repeat placements;
3. Establish a community crisis intervention team;
4. Expansion of Special Investigations Unit (SIU)/ Dual Supervision to provide enhanced community based services and treated interventions; and
5. Expansion of Placement Assessment Centers (PACs).

ENHANCEMENT OF FAMILY SUPPORT NETWORKS

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|--|--|--|--|
| | | | Regional Offices report that the Family Support Networks in their areas provide a focus point for identifying, organizing and maintaining relationships with a broad range of local community resources, including both service providers and local businesses, faith and grassroots community groups. | In addition to questions about contacts with the Network and its members, questions for families will include a focus on reducing social isolation, increasing community belonging, and opportunities for improving family economics and ability to act on their own behalf. | Data used to assess performance includes descriptions of the evolving membership, organization and functioning of the Networks as well as regular feedback from families, front-line staff and community partners. |
| County departments, County service areas, County advisory commission/councils, local school districts and education agencies, Family support collaborative networks, Community Based Organizations, First 5 Commission, local municipalities, faith based organizations. Focus on community organizing and engagement. | Enhance existing family support networks by connecting them with DCFS Point of Engagement Community Advisory Councils and Service Planning Area networks. This enhanced community network structure gives each DCFS regional office access to an organized network of community-based services and informal supports at a scale that can effectively serve families in the highest-need neighborhoods. | <ul style="list-style-type: none"> Parent Partnership Program which proposes to provide support, partnership and team assistance for parents. Grassroots activities and programs. Social network building activities such as content focused classes, recreational activities, peer support groups, family and community events. Neighborhood Action Councils. | <p>Family Support Networks report that they have ongoing relationships with DCFS regional offices, SPA/AIC Councils, PFF networks and other key institutions and networks that serve target neighborhoods.</p> | <p>Network members complete annual surveys including questions on how the lead is functioning, relationships among partners, service gaps identified and filled, key issues that have been resolved and those still pending.</p> | Reduce substantiated maltreatment. |

FOCUS FAMILY SUPPORT NETWORKS ON FAMILY NETWORKS AND ECONOMIC DEVELOPMENT OPPORTUNITIES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|---|--|--|--|--|
| <p>County departments, County service areas, County advisory commission/councils, Family Support collaborative networks, Community Based Organizations, First 5 Commission, local area businesses and employers, faith based organizations.</p> <p>Focus on family and community economic development</p> | <p>Continually increase social networks and build community capacity to respond to the changing needs of families in high-need neighborhoods, including family and community economic development as well as access to services and supports.</p> | <p>At a minimum, one inclusive family support network in each SPA is working to help youth and family members find educational, vocational and employment opportunities.</p> <p>A Countywide network of departments, businesses, civic groups and key economic institutions works effectively to enhance family self-sufficiency. This network could include partnerships with HUD and developers for more housing resources linking families to programs that enhance employment marketability and access to childcare for working parents.</p> | <p>DCFS establishes guidelines for key interests/entities that must be included such as DCFS regional advisory committees, SPA/AIC Councils, PFF networks, faith-based groups, and local businesses.</p> | <p>Plans are reviewed annually to track accomplishments, identify best practices (e.g., better uses of existing resources, maintaining partnerships, and leadership in filling gaps).</p> <p>Countywide conferences are held annually to convene Network partners, share information and celebrate best practices.</p> | <p>Decrease re-entry into placement.</p> <p>Reduce substantiated maltreatment.</p> <p>Families will report increased economic opportunities for families and communities along with enhanced community responses to evolving needs of residents.</p> <p>Reduce substantiated maltreatment.</p> <p>Reduce substantiated maltreatment.</p> |

FOCUS FAMILY SUPPORT NETWORKS ON DEVELOPING AND MAINTAINING A COORDINATED CONTINUUM OF CARE

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes {1 year} | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|--|--|---|--|--|
| | | | DCFS offices are involved in planning for and selection of Family Support Networks in their regions. | DCFS offices and Family Support Networks report on local arrangements for assuring a continuum of primary, secondary and tertiary prevention services. | Reduce substantiated maltreatment. Decrease re-entry into placement. |
| County departments, local school districts and education agencies, County service areas, County advisory commission/councils, Family support collaborative networks, Community Based Organizations, First 5 Commission, faith based organizations. | <p>Family Support Networks partner with DCFS Regional offices to assure that families receive the individualized supports and services they need by helping to create a locally-based continuum of supports and services -- including primary, secondary and tertiary prevention strategies.</p> <p>Focus on developing and maintaining a coordinated continuum of community-based services, supports, activities, resources and linkages.</p> | <p>A model exists where DCFS resources are utilized to increase coordination among service providers in high need communities, including plans for expansion of effective, culturally relevant services that meet local needs, including plans for expansion of effective, culturally relevant services that meet local needs.</p> <p>Guidelines define how community-based networks most effectively support regional DCFS offices in further development of Points of Engagement. This would include collaboration with family support type networks to provide front-end assessments to enhance differential response and programs similar to partnership for families.</p> | <p>DCFS offices report that Family Support Networks play roles in regional implementation of Points of Engagement by convening and organizing a broad range of community services and supports accessible to all families.</p> <p>Family Support Networks report engagement with all DCFS-funded contract agencies (including Wraparound, Family Preservation, 1733/2994, etc.)</p> | <p>DCFS offices have flexible dollars to leverage other available funding streams to fill local gaps and needs.</p> <p>Families report easier access to a blend of services and supports that respond to their individual needs.</p> | <p>Questionnaires for families, front-line staff and community partners include questions on the local continuum of supports and services.</p> <p>Reduce substantiated maltreatment.</p> |

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|---|---|---|--|--|---|
| | | | Communities to participate in the demonstration project are selected. | Reduce substantiated maltreatment. | Communities are engaged for the demonstration project and statistical outcome data is collected. | Reduce substantiated maltreatment. |
| SPECIFIC TASKS For Implementation DCFS, CAO, Probation Department, Healthy City | Request and map data for selection of communities including demographic data on the population as well as numbers of hotline calls, substantiated maltreatment, numbers of reentry into placement, numbers served in family support, numbers of probation youth, evidence of participation among and by existing partnerships with SPA councils, neighborhood action groups, DCFS office, current outcomes, consider other resources present like 1st 5 LAUP, PFF, etc. | Comparison data for all communities served by current family support networks. | Communities to participate in the demonstration project are selected. | Reduce substantiated maltreatment. | Communities are engaged for the demonstration project and statistical outcome data is collected. | Reduce substantiated maltreatment. |
| DCFS, Probation, CAO | Define role of SPA Councils, DCFS Offices, New Directions Task Force, DCFS Regional Community Advisory Councils, Neighborhood and Teen Action Councils, CAO-SIB, other County Departments. | The roles of the SPA Councils, DCFS Offices, New Directions Task Force, etc. are clearly defined in the prevention process. | SPA Councils, DCFS Offices, Directions Task Force, etc. identify existing relationships in the community and begin establishing new relationships at the local level. | Stressors and assets are targeted in the community at the local level. | PA Councils, DCFS Offices, Directions Task Force, etc. have on-going relationships with communities at the local level. The community is engaged assuring primary, secondary and tertiary prevention services. | Communities are engaged and key stressors are alleviated in the prevention process. |
| DCFS , Probation | Share stressors and assets that have been identified by families that lead to the referral to Department or risks to children in families. | A community based prevention plan is implemented. | Develop draft plan to take to Board in response to March 14, 2006 prevention initiative motion. | Regional offices report increased community capacity building and prevention services being utilized in the community. | Communities are engaged at the local level assuring primary, secondary and tertiary prevention services. Outcome data is collected. | |
| DCFS, Probation, CAO Community Partners | | | | | | |

EXPANSION OF FAITH -BASED COLLABORATIVE TO ASSIST IN FAMILY AND KINSHIP SUPPORT

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|---|--|--|
| Identification of faith-based organizations by regional office. | Faith-based communities have a myriad of resources and services that can add to the safety net around families. Faith-based communities can also serve as a recruitment base for supports for parents and youth, and a recruitment base for community based foster and resource families. The DCFS Regional Offices and DCFS and Probation Mentoring Section will work directly with local faith-based organizations to recruit community-based foster homes and resource families, and mentors for parents and youth. | <p>Regular contact through SPA Councils, Neighborhood Action Councils, the countywide Faith-Based Committee.</p> <p>Liaisons to DCFS and Probation identified at Faith-Based Organizations.</p> <p>Number of faith-based organizations recruiting community-based foster homes and resource families and mentors for parents and youth.</p> <p>The faith-based community will be encouraged to be utilized to:</p> <ul style="list-style-type: none"> - Participate in Family Team Decision Making meetings; - Provide locations for parent-child visitation; and, - assist in providing support for after care. | <p>Faith-Based communities identified, contacted and engaged with each Regional Office and the DCFS Mentoring Section</p> <p>Faith-Based community develop recruitment campaign to enlist resource families and mentors for parents</p> <p>Parents participating in treatment planning and learning to support treatment.</p> <p>Number of faith-based organizations participating with the Family Team Decision-making process.</p> <p>Number of faith-based organizations providing locations for visitation.</p> | <p>Increase number of youths connected to mentors</p> <p>Increase visitation.</p> <p>Increase purposeful visitation.</p> <p>Success in increasing opportunities for permanency with resource families</p> <p>Parents are more engaged with their children in foster care</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease timelines to permanency: reunification, adoption</p> <p>Decrease number of youth in Planned Permanent Living Arrangement</p> <p>Decrease time youth are in Planned Permanent Living Arrangement</p> <p>Decrease number of youth in out of home care</p> <p>Decrease time youth spend in out of home care</p> <p>Reduce substantiated maltreatment.</p> |

EXPANSION OF FAMILY TEAM DECISION-MAKING (FTDM) CONFERENCE MODEL

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|---|---|--|--|--|
| | | | | | |
| Facilitators. Schedulers. Space (conference rooms). Training for stakeholders on the different models. Transportation for parents. Computers and workstations. | Expand Family Team Decision-Making (FTDM) which includes 3 types of multi-disciplinary team meetings. Team Decision-Making Conferences (TDMs) to occur at removal, replacements and reunification. Family Group Decision Making Conferences (FGDMs) to occur when enough family members can be convened to help develop safety and permanency plans for children in out-of-home care. Permanency Planning Conferences (PPCs) to be convened every 3 months while a child is in out-of-home care. | Number of FTDMs convened compared to caseloads. Number of stakeholders trained, providing space and attending FTDMs. Improved Needs and Services Plans. Increased visitation. Stakeholders routinely participate in FTDM's. Reduce substantiated maltreatment. | Additional staff in place and the teams are operating. FTDM's are held within the family's communities and stakeholders, including faith-based community members and community resource coordinators, have increased participation in FTDM's. | Decrease time children are in out of home care. Decrease number of children in out of home care. Decrease re-entry into placement. | Decrease time children are in out of home care. Decrease number of children in out of home care. Decrease re-entry into placement. |

EXPANSION AND USE OF COMMUNITY-BASED PLACEMENT RESOURCES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|--|---|---|--|---|
| <p>Listing of zip codes with high numbers of detentions.</p> <p>Specific recruitment strategies.</p> <p>Community-based orientation and training.</p> <p>Community-based support for caregivers.</p> <p>Policy enforcing community-based placements.</p> | <p>Increase the number of foster homes and resource families available for placements located in the same community from which the child was detained which will improve the likelihood and timeliness of reunification.</p> <p>Conduct community orientations.</p> <p>Develop specific recruitment and training strategies.</p> <p>Give preference to community based foster home placements.</p> | <p>Number of foster homes and resource families recruited in high detention rate zip codes, contiguous zip codes and SPAs.</p> <p>Number of children initially placed in non-relative foster homes within zip codes of origin, a contiguous zip code to zip code of origin, and within SPA of origin.</p> | <p>For those detained children who are unable to live in relative, non-relative extended family member care.</p> <p>There is increased visitation with parents. Children and their parents will maintain stronger connections through more regular visitation.</p> <p>More children are able to remain in their school of origin and continue participating in community activities, including faith-based activities where appropriate. More children will experience school and social stability.</p> | <p>Decrease timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children in Planned Permanent Living Arrangement.</p> <p>Decrease amount of time children/youth are in Planned Permanent Living Arrangement.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decreased timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children/youth in Planned Permanent Living Arrangement.</p> <p>Decrease amount of time children/youth are in Planned Permanent Living Arrangement.</p> <p>Reduce substantiated maltreatment.</p> |

RESTRUCTURE PLACEMENT SERVICES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | | | |
|--|---|--|--|---|---|
| | | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) | |
| Funds to support Placement Restructuring and Services. | <p>Develop and implement intensive strength-based case management approach that places stress on protective factors.</p> <p>Research expert to assist in developing evidenced-based Restructured Placement Services and Model.</p> <p>Establish Placement outcomes consistent with IV-E Waiver outcomes.</p> <p>Train Probation and group home provider staff.</p> <p>Identify FFA homes.</p> <p>Contract with DMH for Multidimensional Treatment Foster Care (MTFC).</p> | <p>Number of training for Probation staff and group home providers.</p> <p>Number of Probation and group home service providers staff trained.</p> <p>Staff/Family caseload ratio(lower caseload).</p> <p>Measure number of cross-systems case transition conference and activities</p> <p>Develop and implement cross-systems transition planning.</p> <p>Align placement programs with intensive evidenced-based principles and practices.</p> <p>Expand Placement Assessment Centers.</p> | <p>Probation and group home staff trained in evidenced-based family interventions.</p> <p>Cross-systems transition planning implemented.</p> <p>Provision of enhanced services to the family.</p> <p>Improved case assessment and placement-decision-making.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease in number of failed and repeat youth placements.</p> <p>Decrease the number of youth returning to group home care.</p> <p>Extensive improvement in family functioning.</p> <p>Increase family protective factors; decrease family risk factors.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease in the number of failed and repeat youth placements.</p> <p>Decrease the number of youth returning to group home care.</p> <p>Extensive improvement in family functioning.</p> <p>Increase family protective factors; decrease family risk factors.</p> <p>Reduce substantiated maltreatment.</p> |

EXPANSION AND ENHANCEMENT OF WRAPAROUND AND RES/WRAP SERVICES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | | | Intermediate Outcomes (2-3 years) | | Long Term Outcomes (4-5 years) | |
|--|--|---|---|--|--|--|--|---|------------------------------------|
| | | | Increase in number of Wraparound services being provided. | Decrease timelines to permanency through faster reunification, legal guardianship or adoption. | Decrease number of children in out-of-home care. | Decrease number of children/youth in group care. | Decrease number of children/youth in Planned Permanent Living Arrangement. | Decrease amount of time children/youth are in Planned Permanent Living Arrangement. | Reduce substantiated maltreatment. |
| Funds to expand the number of Wraparound slots from current 800 to 1200. EPSDT funds for slot expansion. Funds to pay costs for family members. Contract management. DCFS Staff. Probation Staff. | Expand Wraparound services to youth who don't currently qualify for such services (e.g., those placed in lower RCL placements). Expand the number of Wraparound slots to meet the County needs with 1200 as an initial target (rather than the 800 slots currently budgeted). Increase the breadth of services available in Wraparound programs by increasing the case rate to cover the costs of family member treatment and support services that are not billable to EPSDT. Resource Group Homes to provide Residential Wraparound Services from the point of a child's entry into the group home. | Number of Wraparound Services slots allocated and available by SPA. Average length of stay in residential care for children participating in the program. The number of positive satisfactions surveys for both children and families showing strong satisfaction and support for the Wraparound process. A pilot program has been developed that resources group home to provide Residential Wraparound Services from the point of a child's entry into the group home. | Increase in number of Wraparound services being provided. Decrease timelines to permanency through faster reunification, legal guardianship or adoption. Decrease number of children in out-of-home care. Decrease number of children/youth in group care. Decrease number of children/youth in Planned Permanent Living Arrangement. | Decrease timelines to permanency through faster reunification, legal guardianship or adoption. Decrease number of children in out-of-home care. Decrease number of children/youth in group care. Decrease number of children/youth in Planned Permanent Living Arrangement. | Decrease number of children in out-of-home care. | Decrease number of children/youth in group care. | Decrease number of children/youth in Planned Permanent Living Arrangement. | Decrease amount of time children/youth are in Planned Permanent Living Arrangement. | Reduce substantiated maltreatment. |

EXPANSION OF FAMILY PRESERVATION SERVICE CONTRACTS

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs {Tangible Results, e.g., #Uses, #Facilities} | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|--|--|--|
| | | | | | |
| Funds to expand Family Preservation slots. Additional DCFS and Probation staff to link and work with Family Preservation agencies. Improved IT systems to process additional referral forms. Evaluator to assess program outcomes. | Award contracts to expand the use of Family Preservation Services during FR to expedite reunification and post-FR to assure successful FR outcomes for DCFS families. After care services must be provided to assure successful reunification. Expand the use of Family Preservation Services when Probation youth have been returned to their families. Evaluator to assess program outcomes. | <p>Number of Family Preservation agencies available to provide services to DCFS and Probation families.</p> <p>Number of DCFS families in FR or post-FR being provided with Family Preservation Services.</p> <p>Number of Probation families being provided with Family Preservation Services.</p> | <p>Existing Family Preservation agencies have expanded their capacities.</p> <p>Additional Family Preservation Service agencies have been established and are available, and additional families are being provided with services.</p> <p>Family Preservation is provided aftercare services to stabilize reunified families to assure successful reunification is maintained.</p> | <p>Decrease re-entry into placement.</p> <p>Decrease timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children/youth in Planned Permanent Living Arrangement.</p> | <p>Decrease re-entry into placement.</p> <p>Decrease timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children/youth in Planned Permanent Living Arrangement; decrease amount of time children/youth are in Planned Permanent Living Arrangement.</p> |

EXPANSION OF MULTI-SYSTEMIC AND FUNCTIONAL FAMILY THERAPY

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|--|---|--|--|--|
| Funds to expand Multi-systemic Therapy (MST) and Functional Family Therapy (FFT). Contract with Department Of Mental Health (DMH). Select MST/FFT Service providers. Probation staff. | Expand and implement FFT and MST as a preventative for out of home placement. Target families with risk factors of poor family functioning, high family conflict, and child maltreatment. | Number of new MST/FFT service providers. Number of new families referred to MST/FFT services. Number of families complete MST/FFT treatment intervention. Increased number of MFT/FFT services being provided to families. | Contract in place for expansion of MST/FFT services. Expansion of MST/FFT services. Reduce substantiated maltreatment. | Decrease the number of youth in out-of-home care. Decrease the number of youth in group home care. Improve family functioning. Effectively transferring treatment effects across treatment systems. Reduce substantiated maltreatment. | Decrease the number of youth in out-of-home care. Decrease the number of youth in group home care. Improve family functioning. Effectively transferring treatment effects across treatment systems. Reduce substantiated maltreatment. |

DEVELOPMENT OF INTENSIVE FOSTER CARE TREATMENT SERVICES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Users, #Facilities) | Short Term Outcomes (1 year) | | Intermediate Outcomes (2-3 years) | | Long Term Outcomes (4-5 years) | |
|---|--|--|--|--|--|--|-----------------------------------|--|
| | | | Contracts in place for MTFC slots and Intensive Treatment Foster Care slots. | Reduce behavioral health needs of children. | Increase parents' abilities to care for their children. | Decrease timelines to permanency through faster reunification or adoption. | | |
| Program models for Specialized Therapeutic Foster Care (ITFC), beyond Multi-Dimensional Treatment Foster Care (MTFC). | Develop and implement treatment foster care programs for children with behavioral health needs, including but not limited to the MTFC model. | <p>Number of new foster homes recruited and trained to accept children with behavioral health needs.</p> <p>The Foster-Family Based Treatment Association has published "Program Standards for Treatment Foster Care," which is a social learning model in which specialized foster parents are trained and supported to function as the primary treatment setting. There is a limit of 1 or 2 children are placed in the home, a team approach to treatment planning, and case management caseloads do not exceed 8, 24 hour crisis intervention access, weekly contacts with the home and a focus on permanency.</p> | <p>Reduce substantiated maltreatment.</p> <p>Decrease timelines to permanency through faster reunification or adoption for children in MTFC and ITFC programs.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease number of children in out of home care.</p> <p>Decrease time children are in out of home care.</p> <p>Decrease number of children in Planned Permanent Living Arrangement.</p> | <p>Decrease number of children in out of home care.</p> <p>Decrease time children are in out of home care.</p> <p>Decrease number of children in Planned Permanent Living Arrangement.</p> | <p>Decrease number of children in out of home care.</p> <p>Decrease time children are in out of home care.</p> <p>Decrease number of children in Planned Permanent Living Arrangement.</p> | | |
| Funds to contract for ITFC services. | Mental Health services funds and linkages. | | | | | | | |

ESTABLISHMENT OF PARENT COUNCILS AND DEVELOPMENT OF PARENT PEER ADVOCATE PROGRAM

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|--|---|--|
| | | | | | |
| Birth Parents. | Establish Parent Councils at DCFS Offices, trained on the F2F "Building a Better Future" curriculum, to participate in planning, policy-making, service delivery and community events. | Number of parents trained on the "Building a Better Future" curriculum. Number of monthly Parent Council meetings at Regional Offices. | Parent Councils in effect, including a Countywide Steering Committee for Parent Council representatives. | Parents are engaged in the process of establishing policy and practice; policies and practices are more user-friendly for parents and less likely to serve as barriers to reunification. | Decrease timelines to permanency through faster reunification. |
| Managers for Birth Parent Engagement. Stipends for parents. Transportation assistance for parents. Child care support for parents. Evaluator to assess program effectiveness. | Develop Parent Peer Advocates working full time in DCFS Regional Offices to provide parent orientation classes and to work with individual parents of detained children on identifying and meeting their goals to achieve more timely and successful reunification. Advocates will also work to assist in providing aftercare support to reunified families. | Number of Parent Peer Advocates hired and trained. Number of parent orientation sessions held. | Parent Peer Advocate Program in effect in which parents are attending orientation sessions and working with Parent Peer Advocates. | Parents are receiving advocacy and support and have a greater understanding of the child welfare system. Parents have a clearer understanding of their individual goals to achieve reunification. | Decrease number of children/youth in Planned Permanent Living Arrangement. |

DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY RESOURCE COORDINATORS

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|---|--|--|--|---|
| | | | | | |
| Development of job description, written policy for line staff to understand the duties of and access Community Resource Coordinators, community members to fill Community Resource Coordinator positions, support staff to assist Community Resource Coordinator, funding for staff, space and equipment at each DCFS and Probation Office. | Utilize Community Resource Coordinators (AKA Community Resource Specialists) for each DCFS and Probation office. Community Resource Coordinators will be hired from members of the community. They will be responsible for identifying resources available in the communities serving their families and connecting families with these resources through team decision-making meetings and on an on-going basis. | <p>Written job description.</p> <p>Number of Community Resource Coordinators and support staff hired and trained in DCFS and Probation offices.</p> <p>A sufficient number of Coordinators for DCFS must be hired to allow them adequate time to connect with the community as well as attend Family Team Decision making meetings and support individual parents.</p> | <p>A written job description and policy are in place. Community Resource Coordinators and sufficient support staff have been hired for each DCFS and Probation office. DCFS Community Resource Coordinators are participating in Team Decision-making processes and assisting in the process to link parents with necessary resources.</p> <p>Reduce substantiated maltreatment.</p> | <p>Parents are more quickly accessing appropriate and necessary services to address the issues that led to their children's detention.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children/youth in Planned Permanent Living Arrangement.</p> <p>Decrease amount of time children/youth is in Planned Permanent Living Arrangement.</p> <p>Reduce substantiated maltreatment.</p> |

EXPANSION OF SPECIAL INVESTIGATIONS UNIT (SIU)/DUAL SUPERVISION

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|---|---|--|--|--|
| Funds to expand the Special Investigations Unit (SIU)/ Dual Supervision. Review new 241.1 protocols and process. Identify CSW and DPOs for expansion. Modify 241.1 MOU. Establish 241.1 MDT. Cross-train MDT staff. | Expand and implement new 241.1 model. Implement MDT assessment and case planning. Implement individualized cross-systems service plan. Provide intensive home-based family services. Link youth and family to services that improve family functioning. | Number of 241.1 assessments. Number of MDTs. Number of cross-systems case plans. Number of families linked to family services. | Improve 241.1 case assessments and case plans. Improve targeted services to participant families. Improve family functioning. Decrease the number of youth in out-of-home care. | Decrease the number of youth in out-of-home care. Improve family functioning. Improve targeted services to participant families. Effectively transferring treatment effects across treatment systems. | Decrease the number of youth in out-of-home care. Improve family functioning. Effectively transferring treatment effects across treatment systems. Increase family protective factors; decreased family risk factors. Effectively transferring treatment effects across treatment systems. Reduce substantiated maltreatment. |

ESTABLISHMENT OF ENHANCED FRONT-END ASSESSMENT SERVICES FOR FAMILIES WITH IDENTIFIED DOMESTIC VIOLENCE, SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|--|--|---|--|
| Funds to support up-front mental health, domestic violence and substance abuse assessments by experts. Contracting with mental health and health providers. Memoranda of Understanding with Department of Mental Health and Department of Health Services. Develop training for line staff on identification of mental health, domestic violence and substance abuse and process to refer family for assessment. | Establish a front-end assessment program in all regional offices to provide assessment assistance to CSWs. In cases where CSWs identify potential mental health, substance abuse and/or domestic violence issues, CSWs identify a level of risk and refer the family for comprehensive assessment. Contract workers from mental health, substance abuse and domestic violence programs will be available to provide these assessments. Contract with community-based stakeholders to ensure that staff is available to assist CSWs. | Number of assessments conducted. Timeframe between referral to and receipt of services. Number of referrals for mental health services. Number of referrals for domestic violence services. Number of referrals to substance abuse services. Number of families receiving services. | 50% of regional offices have established an assessment program and all referrals receive assessments. 100% of referrals in offices with programs receive assessments. Reduce number of children/youth in out of home care. Up-front assessments and more timely access and utilization of services by families will also allow more children to remain in the home. This results in a reduced number of children/youth in out of home care. Reduce substantiated maltreatment. | Each regional office has established an assessment program and all referrals receive assessments. Parents receiving FR services are more quickly assessed and so receiving necessary services to address problems that led to the removal of their children from their care. Decrease number of children/youth in Planned Permanent Living Arrangement. | Reduce substantiated maltreatment. Decrease timelines to permanency: reunification, adoption. |

DEVELOPMENT OF COMMUNITY CRISIS FAMILY INTERVENTION TEAMS

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|--|---|---|
| | | | | | |
| Funds to develop the Community Crisis Family Intervention Teams- Probation, DCFS, DMH, Parent/Youth Advocate, Provider. | Provide crisis intervention services for families in crisis-Front-End and Aftercare. | Number of Crisis family Assessment and Intervention. | Improved 241.1 case assessments and case plans. | Decrease the number of youth in out-of-home care. | Decrease the number of youth in out-of-home care. |
| Staff Community Crisis family Assessment and Intervention Teams. | Provide comprehensive cross-systems assessment. | Number of cross-systems assessments. | Improved targeted services to participant families. | Decrease the number of youth in group home care. | Decrease the number of youth in group home care. |
| Contracting with community-based organizations for parent and youth advocates. | Provide intensive home-based family services. | Number of families served. | Improve family functioning. | Improve family functioning. | Improve family functioning. |
| Identify DCFS and Probation Staff. | Link youth and family to services that improve family functioning. | Number of families stabilized. | Decrease negativity and high family conflict family functioning. | Decrease negativity and high family conflict family functioning. | Decrease negativity and high family conflict family functioning. |
| MOU with DMH for community-based mental health providers. | Develop family support network for participant family. | | Effectively transferring treatment effects across treatment systems. | Effectively transferring treatment effects across treatment systems. | Effectively transferring treatment effects across treatment systems. |
| Develop cross-systems training. | | | Increase family protective factors; decrease family risk factors. | Increase family protective factors; decrease family risk factors. | Increase family protective factors; decrease family risk factors. |
| | | | Reduce substantiated maltreatment. | Decrease the number of youth in Planned Permanent Living Arrangement. | Decrease the number of youth in Planned Permanent Living Arrangement. |
| | | | | Reduce substantiated maltreatment. | Reduce substantiated maltreatment. |

DEVELOPMENT OF ENHANCED PARENT-CHILD VISITATION SERVICES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|--|--|---|
| <p>Funding for community-based organizations and faith-based organizations to establish visitation centers.</p> <p>Contracting with community-based organizations and faith-based organizations to establish visitation centers.</p> <p>Identify and train visitation coaches from those in the community.</p> <p>DCFS policy and other communications to DCFS staff regarding utilization of visitation sites and working with visitation coaches.</p> | <p>Allocate resources to promote purposeful, regular Parent-Child Visitation. This would include establishing positive, user-friendly environments for visitation, including sites at community-based organizations and faith-based agencies open during nights and weekends.</p> <p>Identify and train visitation coaches from community-based organizations and faith-based organizations who act to mentor parents during visits.</p> | <p>Number of visitation sites established.</p> <p>Number of visitation coaches hired and trained.</p> | <p>Visitation centers have been established in community sites, including faith-based community sites.</p> <p>Visitation coaches have been identified and trained.</p> <p>Reduce substantiated maltreatment.</p> | <p>Children and parents are establishing healthy relationships with one another through regular visitation.</p> <p>Visitation coaches have been provided with modeling opportunities and learning better parenting skills by visitation coaches.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease timelines to permanency through faster reunification.</p> <p>Decrease number of children in out-of-home care.</p> <p>Decrease number of children/youth in Planned Permanent Living Arrangement.</p> <p>Reduce substantiated maltreatment.</p> |

ESTABLISHMENT OF MENTORING PROGRAMS FOR YOUTH IN OUT-OF-HOME CARE

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|---|--|--|--|---|
| Funds to support mentoring programs in each SPA. | Establish Community-Based Mentoring Programs for youth in Out-Of-Home Care and on Probation, to recruit and train mentors, match and supervise mentors and youth, and coordinate with the County's Los Angeles Mentoring Model, which focuses on the development of relationship-based mentoring for at risk youth. | Number of mentors recruited and trained. Number of matches made. | A Community-Based Mentoring Program (CBMP) established in each SPA (8 total). A Target of 200 matches per SPA in 2007. | A target of 400 matches per SPA in 2008. A target of 600 matches per SPA in 2009. | A target of 800 matches per SPA in 2010. A target of 1000 matches per SPA in 2011. |
| Funds for mentoring liaisons at group home and FFA programs with more than 25 placements. | Contract for Mentoring Programs in each SPA to provide relationship based mentoring services, coordinate to provide support groups and counseling for mentors, as well as access to recreational, enrichment, and skills building activities for matched pairs. | Number of matches sustained for 1 year Number of matches sustained for 2 years. | Decrease timelines to permanency, reunification, and adoption. | Decrease number of youth in out of home care with substance abuse issues. | Decrease number of youth in Planned Permanent Living Arrangement; decrease time children/youth are in Planned Permanent Living Arrangement. |
| | | | Reduce substantiated maltreatment. | Reduce number of youth in out of home care affiliated with gangs. Increase number of youth in out of home care experiencing academic success. | Reduce number of youth in out of home care. |
| | | | Reduce substantiated maltreatment. | Reduce number of children/youth in group care. | Decrease re-entry into placement. |
| | | | Mentoring programs will provide initial and in-service training for mentors on the safety and permanency needs of youth in out-of-home care. | Reduce substantiated maltreatment. | Reduce substantiated maltreatment. |
| | | | Mentoring programs will continue to supervise and support matches after reunification, guardianship, adoption and emancipation. | | |

EXPANSION OF FAMILY FINDING ACTIVITIES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|---|--|---|--|--|--|
| | | | | | |
| Funds to contract for consultation and training on Family Finding practice from national experts. Staff Family Finding practice champions who will become local trainers. Funds to purchase Internet Search services. | Expand Family Finding to concentrate resources up-front for the identification of family and other important individuals in a child's life at the very beginning of the case. Identified individuals should be included as part of the Family Team Decision-Making Process, to visit with the child, and to potentially provide a permanent placement for the child. Practice consists of intensive extended relative search using extensive record mining, internet search technology, and child and collateral interviewing to find family members for youth without permanency connections, followed by careful engagement practices. DCFS' P3 program has been established to play a family finding role for youth in Planned Permanent Living Arrangement. DCES proposes establishing a process to embed Family Finding and Engagement practice as part of a team effort with all professionals involved in the case. | Number of training's for stakeholders. Number of stakeholders trained. Number of extended family members identified, contacted and engaged for youth with few current family connections. | Improvement in positive youth functioning and decrease in youth risk and safety factors. Reduce substantiated maltreatment. | Success in reconnecting youth in Planned Permanent Living Arrangement with permanency options and increasing their safety while still in care. Reduce substantiated maltreatment. | Decrease timelines to permanency: reunification, adoption. Decrease number of youth in Planned Permanent Living Arrangement. Decrease time youth are in Planned Permanent Living Arrangement. Decrease number of youth in out of home care. Reduce substantiated maltreatment. |

ESTABLISHMENT OF AFTERCARE SUPPORT SERVICES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|--|--|---|--|--|
| | | | Reduce re-entry into foster care. | Reduce re-entry into foster care. | Reduce re-entry into foster care. |
| Community Based Agencies, SPA Representatives, Regional Administrators and Other County Representatives. | <p>Develop agreements/ contracts to develop/ expand available aftercare services for youth leaving residential care, considering use of rate restructuring and/or waiver funds.</p> <p>Use of different evidence-based aftercare models (e.g., Family Preservation, Wraparound).</p> <p>Establish aftercare support services for informal families (Kin-gap, Non-related Legal Guardians and families without a DCFS Social Worker.)</p> <p>Establish Aftercare service networks to support kinship families outside of Los Angeles County.</p> <p>Families to have input in the selection of aftercare providers.</p> | <p>The number of DCFS and Probation youth/families who utilize aftercare services.</p> <p>Increased public/private partnerships established to provide aftercare services.</p> <p>The rate of utilization of aftercare services by youth and families.</p> <p>The number of community based aftercare support network services available to support informal families.</p> | <p>Youth reunified successfully with their families.</p> <p>Improve quality of care for youth upon return to their home communities.</p> <p>Families are aware of the availability of aftercare services.</p> <p>Reduce substantiated maltreatment.</p> | <p>Child and family functioning will be enhanced.</p> <p>Culturally and linguistically specific aftercare will be available in all communities to meet all unmet needs.</p> <p>Increase Permanency options for youth.</p> <p>Decrease time lines to permanency: reunification, adoption, and legal guardianship.</p> | <p>Reduce rate of abuse in foster care and relative care.</p> <p>Decrease time lines to permanency: reunification, adoption, and legal guardianship.</p> <p>Decrease the number of children/youth in Planned Permanent Living Arrangement.</p> <p>Decrease the time children/youth are in Planned Permanent Living Arrangement.</p> <p>Reduce the number of children/youth in out-of-home-care. Reduce the number of children/youth in group care.</p> <p>Reduce substantiated maltreatment.</p> |

INCREASED ACCESS FOR CHILDCARE AND RESPITE CARE SERVICES FOR KINSHIP FAMILIES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|---|--|--|--|---|
| Community Based Agencies, SPA Representatives, Regional Administrators and Other County Representatives. | Increase access to available childcare and respite for formal and informal kinship families in all communities. | The number of new childcare and respite kinship networks established within Los Angeles County. | The number of formal and informal kinship families enrolled in community-based childcare and respite network services. | Childcare and respite networks will be available in all communities to meet all children's needs. | Reduce rate of abuse in foster care and relative care. |
| Kinship Families and Informal Families. | | Increased number of caregivers that are aware of available community-based childcare and respite networks. | Childcare and respite networks will be available within all Service Planning Areas (SPA's) within Los Angeles County. | Kinship families seeking childcare and respite will be able to locate culturally specific services within their own community. | Decrease time lines to permanency: reunification, adoption, and legal guardianship. |

ESTABLISHMENT OF AFTERCARE SUPPORT SERVICES AND NETWORKS FOR KINSHIP AND PERMANENCY FAMILIES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #facilities) | Short Term Outcomes (1 year) | Intermediate Outcomes (2-3 years) | Long Term Outcomes (4-5 years) |
|--|--|---|---|--|--|
| Community Based Agencies, SPA Representatives, Regional Administrators and Other County Representatives. | Establish aftercare support services for Informal families (Kin-gap, Non-related Legal Guardians and families without a DCFS Social Worker.) Establish Aftercare service networks to support kinship families outside of Los Angeles County. | The number of community based Aftercare support network services available to support for informal families. The number of DCFS families who utilize the available Aftercare programs. | Decrease in placement disruptions in informal care. Kinship Families are aware of the availability of Aftercare services. | Continue decline in placement disruptions in Kinship care. Increase Permanency Options for youth in Kinship Care within Informal families. | Reduce rate of abuse in foster care and relative care. |

| | | | | | |
|---|--|--|--|---|--|
| Kinship Families and Informal Families. | <p>Develop agreements/ contracts to expand/ develop available Aftercare services to informal families.</p> <p>The rate of utilization of Aftercare services by Probation Kinship families.</p> | <p>Child and Family functioning within Kinship Family care will be enhanced.</p> <p>Culturally and linguistically specific aftercare will be available in all communities to meet all unmet needs.</p> <p>Reduce substantiated maltreatment.</p> | <p>Decrease time lines to permanency; reunification, adoption, and legal guardianship.</p> <p>Decrease the number of children/youth in Planned Permanent Living Arrangement.</p> <p>Decrease the time children/youth are in Planned Permanent Living Arrangement.</p> <p>Reduce the number of children/youth in out-of-home-care. Reduce the number of children/youth in group care.</p> | <p>Reduce substantiated maltreatment.</p> | |
|---|--|--|--|---|--|

INTEGRATION OF SERVICES TO BETTER STRENGTHEN KIN AND PERMANENCY FAMILIES

| Inputs (Resource Needs and Ideas) | Processes (Strategies) | Outputs (Tangible Results, e.g., #Uses, #Facilities) | Short Term Outcomes (1 year) | | Intermediate Outcomes (2-3 years) | | Long Term Outcomes (4-5 years) | |
|--|---|--|--|---|---|--|---|--|
| | | | | | | | | |
| Community Based Agencies, SPA Representatives, Regional Administrators and Other County Representatives. | Expand and integrate networks of coordinated resources and activities to better strengthen and support formal and informal families. | Increased support for the Informal families. | Public will be more aware of what services are available to them. | Children re-entering foster care due to deficient services or support will be decrease. | Stability for children in Kinship Care will be substantially increase. | Decrease time lines to permanency: reunification, adoption, and legal guardianship. | Reduce rate of abuse in foster care and relative care. | |
| Kinship Families and Informal Families. | <p>Integrate existing DCFS services to increase the available service array for formal and informal families.</p> <p>Collaborate with other Private and County agencies to identify and increase the available array of services for formal and informal Kinship Families.</p> <p>Implement multi-media communication strategies that increase community awareness of the available array of services within DCFS, other county and community agencies.</p> <p>Educate caregivers on the child welfare system, resource and permanency options.</p> | <p>Increased awareness of the full array of available services for all families, staff and communities.</p> <p>Increased number of available services for all formal and informal families.</p> <p>Increased array of services will be available in each of the areas of specific need identified by Kinship Caregivers.</p> | <p>Informal family support will be available within all Service Planning Areas (SPA).</p> <p>Children in Kinship care will be more emotionally supported and have increased stability.</p> <p>Services will be available to meet all cultural and language needs.</p> <p>Gaps in services and supports will be identified.</p> | <p>Comprehensive services and support will be available to all families.</p> <p>Long-term connections for children in care will be improve.</p> | <p>Decrease the time children/youth are in Planned Permanent Living Arrangement.</p> <p>Decrease the time children/youth are in Planned Permanent Living Arrangement.</p> | <p>Decrease the number of children/youth in out-of-home-care. Reduce the number of children/youth in group care.</p> | <p>Regional Permanency Symposia for Kinship Caregivers will be convened to enhance their knowledge and awareness of the importance of Long Term Connections for children in Kinship care.</p> <p>Reduce substantiated maltreatment.</p> | <p>Reduce the number of children/youth in out-of-home-care. Reduce the number of children/youth in group care.</p> <p>Reduce substantiated maltreatment.</p> |

PROGRAM ASSURANCES

While operating under the Title IV-E Waiver, Los Angeles County will not alter its Title IV-E eligibility determination, documentation and provider payments processes; Los Angeles County will continue to:

- Determine initial Title IV-E eligibility consistent with pre-Waiver federal and State statute/regulations;
- Re-determine Title IV-E eligibility consistent with pre-Waiver federal and State statute/regulations;
- Comply with pre-Waiver federal and State IV-E eligibility documentation requirements; and
- Make foster care payments to providers in the month following the month in which care was provided.

Los Angeles County will consider using the flexible funding provided by the Waiver to test the effectiveness of alternative payment rates and provision of incentives for achieving key permanency and well-being outcomes.

Los Angeles County will continue to follow program requirements for all Division 31 regulations as well.

No waivers of compliance requirements for Title IV-E eligibility requirements or Division 31 compliance are anticipated.

PLANNING PROCESS AND COMMUNITY SUPPORT

In 2003, in collaboration with Annie E. Casey and through the DCFS' Point of Engagement (POE) efforts, DCFS began to develop local advisory groups that serve as community based advisory councils/committees. The DCFS' Regional Administrators who manage DCFS' 18 regional offices, and a myriad of Deputy Directors and Division Chiefs with centralized responsibility, have been using these existing local advisory councils/committees to engage community stakeholders in a discussion around the strategies that would best help the County achieve the desired outcomes for children and families.

The information gathered in these local planning bodies was then fed into four workgroups that had been established in 2004, at the request of the County's Board of Supervisors, each with the goal to develop a broad-ranging strategic plan to coordinate efforts in the reduction of child maltreatment and assure the safety, permanency and well being of children, youth and families throughout the County. These four workgroups; (1) Prevention; (2) Reunification; (3) Permanency – Older Youth/Court; and, (4) Permanency – Relative / Kinship Care, were co-led by DCFS and the Commission for Children and Families and included representatives from over 60 groups and organizations concerned about children and families. Through this process, each of the four workgroups was expanded to include representatives from Probation, local planning groups, community stakeholders and service delivery staff. It is at this level that information was consolidated with an eye toward best and promising practice.

Consolidated recommendations were then brought to a 300 person event on August 28, 2006, where feedback was obtained as to the priority areas relative to scope of impact on the respective outcomes, in terms of costs and cost savings, and in terms of how quickly the various strategies can be put into place. The plan was then posted on DCFS' external website for public review and feedback prior to being presented to the Board of Supervisors. This occurred in lieu of the originally proposed Executive Workgroup as a means of maximizing community input and ensuring that this process remains as inclusive as possible, adequately representing the diverse perspectives that had been captured to date.

Our estimates are that we held, or presented at, nearly 100 community forums countywide. In this process we came up with over 200 ideas on strategies that can be utilized to improve outcomes for children and families and demonstrated that as a community we are committed to improving outcomes for the children and families of Los Angeles County. In this process, DCFS operationalized the desired outcomes from the key three critical outcome areas; Safety, Permanency and Reduced Reliance on Out of Home Care, and cross-walked them against the Waiver terms and conditions. It is the County's plan to continue our local advisory councils/committees and workgroups as a means of ensuring ongoing oversight and feedback as we enter the Waiver process. It was and remains the County's intention to conduct our planning from the local level up and these forums will help to ensure community participation as we evaluate our progress and make adjustments to our plan as needed.

The County's Probation Department has been included in these planning efforts. Additionally, the two Departments has been meeting frequently for the past six months to discuss the impacts of the Waiver to the Departments and to develop collaborative plans between the two agencies. The Departments have engaged in collaborative problem solving to address areas of difference between the two agencies and are working to fully incorporate Probation's fiscal and program management in planning and implementation for the waiver demonstration project.

CONTRACTED SERVICES

The County will be contracting Title IV-E services in support of goals in four programmatic areas: Prevention, Family Reunification, and Permanency – Relative/Kinship Care and Permanency – Older Youth/Court. Child Abuse Prevention contracted services will be strengthened to enhance Family Support and other community-based programs to integrate further with DCFS offices and Community Advisory Councils in a coordinated continuum to assure that families receive the individualized supports and services they need. Family Reunification contracted services may include, but are not limited to the expansion of Wraparound, Family Preservation, Intensive Foster Care Treatment, Foster Youth Mentoring, enhanced Parent-Child Visitations, Aftercare services for reunification from out-of-home placements and continued refinement of out-of-home care placement programs. Permanency - Relative/Kinship Care contracted services will focus on Kinship Public Awareness, Training/Support Services for Relative Foster Parents and After-Care services for KinGAP/non-related Legal Guardians/informal Kin families. Contracted services emphasizing Permanency – Older Youth/Court will include Birth Parent/Family Finding facilitation, enhanced Outreach/Recruitment to Resource Families/Adoptive Families to the extent resources are available, and improved Adoption Promotion/Support Services.

While achieving the goals of the Title IV-E Waiver Demonstration Project of improved array of services for children/families, increasing child safety without over-reliance on out-of-home care, improving permanency outcomes/timelines and improving child and family well-being, the contracted services seek a community empowerment perspective. Though a grassroots community stakeholder input and recommendations effort that resulted in the distillation of the four programmatic service area needs, the County has set the stage for contracting for outcome and performance based services directed at encouraging community infrastructure development. These contracted services are needed to both fill the service gaps in a child welfare services continuum and allow communities to plan for and meet future child welfare challenges.

In support of the Waiver, there are four State contracting regulations waivers that facilitate performance based contracting:

1. Allow the County to procure contracts with a contract period of 5 years or the duration of the Title IV-E Demonstration Project, whichever is longer.
2. Allow the County to procure contracts by negotiations and procure sole source contracts when in the best interest of the County with a contract period of 5 years or the duration of the Title IV-E Waiver Demonstration Project, whichever is longer.
3. Blanket extensions of existing contracts that were procured through formal advertising or procurement by negotiation to a total of 5 years.
4. Allow the County to utilize the formal advertising methods that lead to a Master Agreement List for those interested in providing new Title IV-E Waiver services.
 - One County agreement per Contractor with multiple service components.
 - County could pre-qualify prospective contractors through RFSQ process, then solicit for specific services by Request for Services or Request for Bid to select contractor to provide the service component.

Over eighty percent (80%) of the current DCFS social services contracts with providers utilize performance based outcome measures. Many of the outcomes are directly aligned with the current State and Federal standards/goals for children in out-of-home care. Additionally, the County has developed a framework for the monitoring of fiscal, programmatic and contractual requirements for all contracted service providers. New and enhanced contracted services during the Title IV-E Waiver Demonstration Project period will allow us to fill service gaps with outcome focused programs supported by a high level of quality assurance.

SYSTEM CAPACITY DEVELOPMENT

The County does not currently anticipate any organizational changes that will be required to be made in order to successfully implement the demonstration project. Both the Department of Children and Family Services and Probation Department have undergone reorganizations within the past three to five years in order to position themselves to make the systemic reforms necessary as part of this project. However, as the project is implemented, if organizational changes are necessary, the County is committed to make necessary changes and adjustments to ensure the success of this project.

In support of the IV-E Waiver, we anticipate technology solutions in the following areas:

1. Time Management – Electronic time sheets to track all IV-E Waiver activities.
2. Baselines - Establish baseline data and measurement framework for utilization in tracking outcome measurements for program effectiveness.
3. Progress Management – Track the progress of the IV-E Waiver programs through meaningful data reports that will provide monitoring tools for measuring a program's effectiveness and outcomes.
4. Fiscal Management – Track financial IV-E Waiver allocation and costs to ensure cost effectiveness methodologies are applied to programs.
5. Performance/Services Management – Referral and tracking of services provided to families and children to identify qualitative and quantitative benefits as they relate to outcomes.

The County is positioned to respond to future IV-E Waiver programs and system improvements for DCFS and Probation, as well as its stakeholders. The County will work closely with State and Federal approval agencies on development of IT resources and systems in support of programs for improving safety, permanency and reduced reliance in out-of-home care. The successes of strength-based, family-focused strategies and improvements will in part, be supported through technology solutions that will automate cumbersome business processes, track data and provide qualitative and quantitative data for ongoing monitoring and outcome measurement of new service programs. In order to serve imminent business needs/changes, Los Angeles County may allocate the IV-E Waiver funds to fulfill technology needs and submit an information only Advance Planning Document (APD) to the State.

DCFS continues to be fully committed to use all functions and data provided by the Statewide Child Welfare Services Case Management System (CWS/CMS). By assuring data is entered into the CWS/CMS case record and utilizing our local CWS/CMS data mart to eliminate any duplication of data entry of case information, we are able to build upon the information to develop those applications in support of IV-E Waiver business process automation (e.g., prevention, community involvement, family support tracking) not within the scope of SACWIS or CWS/CMS. Some of the strategies for Concurrent Planning, Point of Engagement and Structured Decision Making are already utilizing automated tools to support these programs utilizing the CWS/CMS case information as its data source.

COST AND BUDGET NEUTRALITY

Start-Up/Development Costs: Expenses Los Angeles County incurs in planning for implementation of the Waiver are being handled in accordance with State instructions. Claims for reimbursement for development activities will include, but are not limited to, the development of: letters of interest/intent; the county plan; policies and procedures; fiscal analyses; and automated systems.

Ongoing Costs: Los Angeles County is prepared to capture expenditure data consistent with the needs of the Waiver. For example, Title IV-E adoptions related expenditures

(such as Adoptions Assistance Payments, licensing, training and CWS/CMS) are segregated from Title IV-E expenditures that are included in the Waiver cap.

The County will work closely with the State as claiming and time study modifications are needed. The County's systems can be quickly modified to produce updated tracking reports.

Strategies for generating savings: Los Angeles County will make strategic financial investments in structural and programmatic reforms. Savings from systems reforms will generate cost savings that can be used to develop and access a wide variety of community resources ready to respond to the safety and permanency needs of children and families (without regard to eligibility to Title IV-E funding) in the most timely, effective, efficient and least intrusive manner.

As an example, one of the goals of the Waiver is to reduce the time children/youth spend in out-of-home care. Achievement of this goal will result in lower out-of-home care costs, which can then be reinvested in prevention and after care strategies to provide services/supports to families to ensure the children/youth can remain safely in their homes.

PROJECT PHASE DOWN DESCRIPTION

By meeting the goals of the project, the County will demonstrate that the provisions of a fuller array of services and programs that invests significant funds in prevention and aftercare services fundamentally change the use of foster care from a long-term strategy to a short-term intensive approach. This change of approach will result in improved safety, permanency and well-being for children and families.

At the end of the demonstration project, the County recognizes that there will be a need for continued use of financial flexibility to make strategic investments in ongoing structural and programmatic reforms to serve children and families in a cost neutral manner. The need for continued efforts in prevention and aftercare will be necessary to maintain safety, permanency, and well-being for children and families. During the third year of the project, the County proposes to work with the State and Federal Governments to design a transition plan to make the demonstration a permanent allocation plan and methodology.

In the event that the County's demonstration project is not successful and the County chooses to opt out, the County will ensure that the transition for children and families from the waiver to a traditional IV-E model will be as seamless as possible. To ensure that the transition process will not impact the quality of services provided to children and families, the County will:

- Maintain eligibility determination for children in foster care so that the claim status of each child is known;
- Continue to track programmatic elements and administrative claims; and,
- Ensure the availability of programs for children and families and that systems are in place to allow for efficient transition.

The County realizes that the timeframe for an efficient transition will be between six months and one year.

Evaluation

The County will dedicate a manager as waiver County evaluation liaison to act as a contact person and participant in various meetings/workgroups. The evaluation liaison will also provide support to monitor County implementation of the Waiver project.

The County will ensure that data is entered correctly in CWS/CMS. The County will assign staff to monitor and analyze the outcomes reported in the Waiver Logic Models.